

UPWARD MOBILITY PROGRAM

PROMOTIONAL EMPLOYMENT APPLICATION

Complete this application in detail; previous applications will not be considered. Omissions, variations or misstatements of material facts may cause forfeiture of rights to promotion in the service of the State of Illinois Applications without necessary information will be returned. **PLEASE TYPE OR PRINT IN BLACK.**

A separate application is required for each position and option. **Staple** all attachments, along with a copy of your **Upward Mobility Certificate**, to the reverse side of this application. The Bureau of Personnel cannot assume responsibility for unattached documents. Mail completed application to: Upward Mobility Program, 503 Stratton Building, Springfield, IL 62706.

PRINT COMPLETE TITLE OF POSITION APPLIED FOR:				OPTION		LEAVE BLANK - (POS. CODE)	
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OFFICE USE ONLY - Exam Date				WT Center	
<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 2px;"></div> - <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 2px;"></div> - <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 2px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 2px;"></div> - <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 2px;"></div> - <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 2px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 2px;"></div>			
SOCIAL SECURITY NUMBER	MO DAY YEAR	CENTER			
<div style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>			
LAST NAME	FIRST NAME	MI			
<div style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></div>	Birth Date: <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 2px;"></div> / <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 2px;"></div> / <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 2px;"></div>			
STREET ADDRESS	COUNTY	MO DAY YEAR			
<div style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></div>		
CITY	STATE	ZIP CODE	AREA CODE TELEPHONE NUMBER		

CURRENT PAYROLL TITLE & OPTION (IF APPLICABLE)	CURRENTLY EMPLOYED IN	(LEAVE BLANK)
	<div style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></div>	(AGENCY)
MAILING ADDRESS OF WORK SITE:	AGENCY DIVISION (OR INSTITUTION) COUNTY WHERE EMPLOYED:	(DIVISION) (COUNTY)

WORK LOCATION PREFERENCE:

List 1, 2, or 3 counties in which you will consider selection.

1. _____

2. _____

3. _____

The State of Illinois is an Equal Opportunity Employer. To assist in the guarantee that this goal is accomplished, we need the following information from you. Circle the ONE letter below which is appropriate.

FEMALE	MALE	
A	G	White , not of Hispanic Origin. A person having origins in any of the original people of Europe, North Africa or the Middle East.
B	H	Black , not of Hispanic Origin. A person having origins in any of the black racial groups of Africa.
C	J	Native American or Alaskan Native. A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community.
D	K	Asian or Pacific Islander . A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
E	L	Spanish or Hispanic . A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.

Should you want to be considered for protected class employment as a disabled person, you may want to indicate the category which would qualify you by circling the appropriate number below:

1. blindness/visual impairment	4. cardiovascular disorder	7. respiratory related impairment
2. deafness/hearing impairment	5. mental disorder	8. loss of limbs
3. orthopedic impairment	6. nervous system disorder	9. other (specify) _____

For certain positions it is a job requirement that employees be able to communicate with individuals who are not fluent in English. If you do not know a language other than English, DO NOT COMPLETE the following section.

I certify that I am able to speak, write and understand the following language(s):

DO NOT WRITE IN FOLLOWING BOXES — FOR BUREAU OF PERSONNEL USE ONLY	Qual Unqual	Wri	Typ	Dict	Final Grade	

Signed: _____
 Date: _____

EDUCATION AND EXPERIENCE REPORT: Previous applications will not be considered. Do not submit resumes. List information accurately and completely so we may properly evaluate your application. **INCLUDE ALL TITLE CHANGES (WITH DATES) and pertinent military experience.**

HIGH SCHOOL CIRCLE NO. YEARS COMPLETED 0 1 2 3 4 GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO		OR RECEIVED GED CERTIFICATE <input type="checkbox"/> YES <input type="checkbox"/> NO		GED CIRCLE NO. YEARS COMPLETED 0 1 2 3 4 5 6 7 8 GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO		COLLEGE - UNIVERSITY CIRCLE NO. YEARS COMPLETED 0 1 2 3 4 5 6 7 8 GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
BUSINESS, TRADE OR CORRESPONDENCE SCHOOL NAME AND LOCATION		FROM		TO		TIME			
		MO.	YR.	MO.	YR.	FULL	PART		
						SUBJECTS			
						LENGTH OF COURSE			
						COMPLETED?			
ILLINOIS DRIVERS LICENSE		CLASS RATING(S)-(CIRCLE BELOW)		LICENSE NUMBER		DATE ISSUED			
A B C D L M						MO. YR.			
TECHNICAL/PROFESSIONAL LICENSE		NUMBER		STATE IN WHICH ISSUED		DATE ISSUED			
						MO. YR.			
TYPE OF INTERNSHIP		FACILITY NAME - CITY AND STATE		DATE - FROM		TO			
				MO. YR.		MO. YR.			
NAMES OF COLLEGES OR UNIVERSITIES ATTENDED UNDERGRADUATE:		TOTAL NO. OF HOURS EARNED		NAME OF MAJOR	NAME OF MINOR	DATES ATTENDED		TYPE OF DEGREE EARNED	DATE OF DEGREES
		SEM. HRS. (OR)	QTR. HRS. (OR)			UNITS	FROM		
						MO. YR.	MO. YR.		MO. YR.
						/	/		/
						/	/		/
GRADUATE:						/	/		/
						/	/		/

List and describe your work experience separately by title. Begin with your present position and work backwards, listing both State and non-State experience. **VOLUNTEER EXPERIENCE:** Related volunteer experience for which no salary was received will be given the same credit as equivalent paid experience. List the actual number of hours worked per week or month, and describe fully the duties performed so appropriate credit can be given.

LIST EACH CHANGE IN PAYROLL TITLE AND THE APPROPRIATE DATES OF EMPLOYMENT FOR EACH TITLE.

CURRENTLY EMPLOYED BY: _____ DATES OF EMPLOYMENT: FROM _____ TO _____
 ADDRESS: _____ TOTAL: YEARS _____ MONTHS _____
 PAYROLL TITLE: _____ HOURS WORKED PER WEEK _____
 MONTHLY SALARY: STARTING _____ ENDING _____

LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING:	LEAVE BLANK
	Level _____ Amount _____

EMPLOYED BY: _____ DATES OF EMPLOYMENT: FROM _____ TO _____
 ADDRESS: _____ TOTAL: YEARS _____ MONTHS _____
 PAYROLL TITLE: _____ HOURS WORKED PER WEEK _____
 MONTHLY SALARY: STARTING _____ ENDING _____

LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING:	LEAVE BLANK
	Level _____ Amount _____

EMPLOYED BY: _____ DATES OF EMPLOYMENT: FROM _____ TO _____
 ADDRESS: _____ TOTAL: YEARS _____ MONTHS _____
 PAYROLL TITLE: _____ HOURS WORKED PER WEEK _____
 MONTHLY SALARY: STARTING _____ ENDING _____

LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING:	LEAVE BLANK
	Level _____ Amount _____

IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET, FOLLOWING THE FORMAT ON THIS PAGE.

OFFICE USE ONLY	
Ed _____	Rej. Qual. _____
A _____	
B _____	By _____
C _____	Date _____
Total: _____	Grade: _____

I understand I may be required to submit proof of previous employment, education, or any other statements in this application. I authorize release of this and other information covering job related factors for purposes of verification. I certify that the information on this application is true and correct to the best of my knowledge.

WRITTEN SIGNATURE _____

DATE _____